

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		3/10/64
O.I.P.E. CLASSIFIER		69300	3/1/64
FORMALITY REVIEW			4-1-64

MD

BD

66859

10-22-79

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			12-10-47
2			3-21-50
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If more than 150 claims or 10 actions  
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